

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/04/2018 13:07
Date Of Accident	28/04/2018 11:50
Exact Location Of Accident	ALONG SLIP ROAD OF TPE > TAMPINES AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG4805K
Insured/Policyholder	
Name Of Registered Owner	SMITH ONG
Co Reg No	53353070M
Email Address	SMITH25ONG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97634257
Alternative Phone No	OFFICE-97634257

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	ON DUTY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094320550
Cover Note Number	22/09/2017 - 07/10/2018

Driver

Name of Driver	ONG ENG ANN
NRIC No	S7743147J
Date Of Birth	25/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97634257
Fax Number	
Contact Number	
EMail Address	SMITH25ONG@YAHOO.COM

Address	BLK 443B FERNVALE ROAD #15-363
Postcode	792443
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE STATED DATE AND TIME, I WAS TRAVELLING ON THE SLIP ROAD OF TPE TOWARDS TAMPINES AVENUE 7. AS I WAS CHECKING THE ONCOMING VEHICLE FROM THE MAIN ROAD SUDDENLY I FELT AN IMPACT AT MY REAR AND REALISED THAT THERE WAS A VEHICLE B (SLH5404B) COLLIDED INTO THE REAR OF MY VEHICLE. I WAS BADLY SHAKEN BY THE IMPACT AND I WOULD LIKE TO STATE THAT THERE WAS SOME ISSUE TO MY GEAR AFTER THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH5404B
Vehicle Make/Model/Colour	VEHICLE B
Details Of Properties	LEE CHOON WEE RAYMOND
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

SMITH ONG
Co Reg No: 53353070M
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

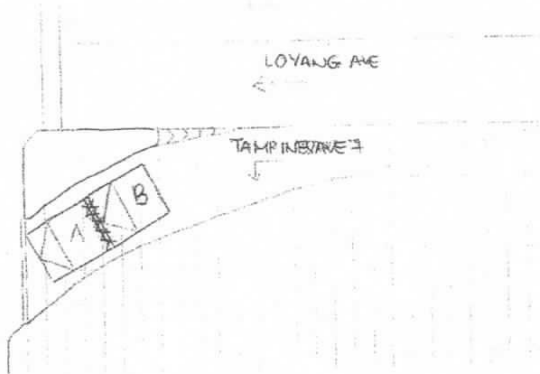
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN

VEH A: SPG4805K
VEH B: SLH5404B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GIA REPORT

DECLARATION

I/We declare the foregoing particulars are true in every respect.

SMITH ONG
Co Reg No: 53353070M

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





SINGAPORE POLICE FORCE



T/20180501/2042

1 of 3

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/20180501/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2018 12:43	Vide Report No.:	Station Diary No.: 9
--	------------------	-------------------------

Informant's Particulars

Name of Informant: ONG ENG ANN		Address: APT BLK 443B FERNVALE ROAD #15-363 SINGAPORE 792443	
ID Type / ID No.: NRIC NO / S7743147J		Contact No.: Home/Office:	Mobile: 97634257
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 25/07/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Grab DRIVER		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2018 11:50	Type of Location: Bend
Location: Along Road 1 TAMPINES AVENUE 7				
Slip road of tampines avenue 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFG4805K	Car				Slightly Damaged	0
SLH5404B	Car				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/20180501/2042

CONTINUATION OF REPORT

Driver			
Name	ONG ENG ANN	ID No.	S7743147J
Related Vehicle	SFG4805K (Car)	Contact No.	97634257
Hospital/Clinic	EDGEDALE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	30/04/2018	Date Discharge	30/04/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Lee Choon Wee Rayamond	ID No.	S7341780E
Related Vehicle	NIL	Contact No.	97334235
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I would like to state that on 28.04.2018 at 0958am I was out of the road looking from customer and I start my work from there .

At 11.50am I was driving my car (SFG4805K) alone. I was traveling on the slip road of TPE toward Tampines Avenue 7. As I was checking on the oncoming vehicle from the maid road suddenly I felt an Impact at my rear and realized that there was a car (SLH5404B) collided into the rear of my car. I was badly shaken by the impact. After which I spent out from my car exchange particular and drove off.

There was a dent in at the back of my bumper and dent at the back door of my car boot. Due to the collision there was some issue to my gear box after that.

On 30.04.2018 I felt pain at my neck area and I decided to go to the doctor and I was given 4 days MC.



**SINGAPORE
POLICE FORCE**



T/20180501/2042

3 of 3

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/20180501/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Staff Sgt SALINA BINTE ISMAIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/05/2018 12:43

Officer In Charge Of Case:
TP / AEIT /
SIANG YI TING, STEPHANIE
Contact No. 65476414

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE